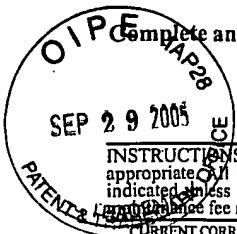


PART B - FEE(S) TRANSMITTAL



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34206 7590 07/01/2005

FOGG AND ASSOCIATES, LLC
 P.O. BOX 581339
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09/29/2005 HDESTA2 00000057 10062306

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| | |
|---------------------------|--------------------|
| Elizabeth A. Bauer | (Depositor's name) |
| <i>Elizabeth A. Bauer</i> | (Signature) |
| September 27, 2005 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/062,306 | 02/01/2002 | Mo-Ching Justine Lau | 100.312US01 | 2557 |

TITLE OF INVENTION: BIT ERROR RATE TESTER

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 10/03/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------------|----------|----------------|
| GANDHI, DIPAKKUMAR B | 2133 | 714-704000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fogg and Associate, LLC
 2 Jon M. Powers
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ADC DSL Systems, Inc.

Eden Prairie, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jon M. Powers

Date September 27, 2005

Typed or printed name Jon M. Powers

Registration No. 43,868

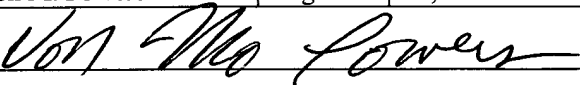
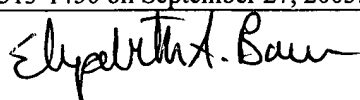
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| | | |
|------------------------------|----------------------|---|
| Applicant | Mo-Ching Justine Lau | GENERAL TRANSMITTAL FORM UNDER 37 CFR 1.8 (LARGE ENTITY) |
| Serial No. | 10/062,306 | |
| Filing Date | February 1, 2002 | |
| Group Art Unit | 2133 | |
| Examiner Name | D. B. Gandhi | |
| Allowed | July 1, 2005 | |
| Confirmation No. | 2557 | |
| Attorney Docket No. | 100.312US01 | |
| Title: BIT ERROR RATE TESTER | | |

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| <input checked="" type="checkbox"/> Form PTOL-85B (Issue Fee Transmittal) in duplicate. | | | |
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| <input checked="" type="checkbox"/> A return postcard. | | | |
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| Fogg & Associates, LLC P.O. Box 581339 Minneapolis, MN 55458-1339 T - (612) 332-4720 F - (612) 332-4731 | | | |
| Please charge any additional fees or credit any overpayments to Deposit Account No. 502432. | | | |
| Submitted By | | | |
| Name | Jon M. Powers | Reg. No. | 43,868 |
| Telephone | (612) 332-4720 | | |
| Signature |  | | Date |
| September 27, 2005 | | | |
| Certificate of Mailing | | | |
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| Name | Elizabeth A. Bauer | Signature |  |